

Functional Behavioral Assessment and Function-Based Support
Developing a Behavior Support Plan based on the Function of Behavior

FBA/BSP forms

**Guidelines for use included in accompanying
Instructional Packet**

**Chris Borgmeier, Ph.D.
Portland State University**

cborgmei@pdx.edu
503/725-5469

Initiation of a Functional Behavioral Assessment

Student _____ Date _____

School _____ Grade _____

Behavior Support Team Leader _____

Attendees _____

1. Has the student been qualified for Special Education Services? Y N
 - a. Was the FBA requested in the student's IEP? Y N
 - b. How many days has the student been suspended this year? _____

For students with an IEP a complete FBA is required under the following conditions:

- (a) an FBA is requested in the IEP, or
- (b) the student is at risk of missing 10 days due to suspension or alternate placement

2. Is a complete FBA necessary and/ or suggested by the team at this time? Y N

If NO, Provide a rationale: _____

Explain what intervention/support will be provided instead: _____

If YES, begin assigning tasks for completion of FBA on table below:

Tasks for Functional Behavioral Assessment	Who's Responsible	By When
a. Obtain parental permission to conduct FBA		
b. Complete Routines Analysis to ID target routine(s)		
c. Schedule/conduct teacher/staff interviews		
1.		
2.		
d. Schedule/ conduct ABC observation		
e. Records review		
1. Suspension/ office discipline referrals		
2. School records (attendance, academic, health, etc.)		
f. Schedule/ conduct parent interview (if necessary)		
1. Health history form		
g. Schedule/ conduct student interview (if appropriate)		
h. Scatterplot (if necessary)		
i. Develop FBA Report		

Meeting to review FBA information (date & time): _____

Copy to: (a) IEP file (b) Behavior Support team leader (c) parent

Functional Assessment Checklist for Teachers and Staff (FACTS-Part A)

Student: _____ Grade _____ Date: _____
 Staff Interviewed: _____ Interviewer: _____

Student Strengths: Identify at least three strengths or contributions the student brings to school.

Academic strengths - _____

Social/Recreational - _____

Other - _____

ROUTINES ANALYSIS: Where, When and With Whom Problem Behaviors are Most Likely.

Time	Activity & Staff Involved	Likelihood of Problem Behavior	Specific Problem Behavior	Current Intervention for the Problem Behavior
		Low 1 2 3 4 5 6 High		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		
Routine # 3		

BEHAVIOR(s): Rank order the top priority problem behaviors occurring in the targeted routine above:

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fight/physical Aggression	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Theft
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Work not done	<input type="checkbox"/> Other _____

Describe prioritized problem behavior(s) in observable terms: _____

What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?	
What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?	
Does the Behavior Escalate?	Y N
If Yes, complete the Behavior Escalation worksheet	

Functional Assessment Checklist for Teachers & Staff (FACTS-Part B)

Identify the Target Routine: Select ONE of the prioritized routines from FACTS-Part A for assessment.

Routine/Activities/Context	Problem Behavior(s) – make description observable

ANTECEDENT(s): Rank Order the strongest triggers/predictors of problem behavior in the routine above. Then ask corresponding follow-up question(s) to get a *detailed* understanding of triggers ranked #1 & 2.

Environmental Features (<i>Rank order strongest 3</i>)	Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. task too hard <input type="checkbox"/> g. large group instruction <input type="checkbox"/> b. task too easy <input type="checkbox"/> h. small group work <input type="checkbox"/> c. bored w/ task <input type="checkbox"/> i. independent work <input type="checkbox"/> d. task too long <input type="checkbox"/> j. unstructured time <input type="checkbox"/> e. physical demand <input type="checkbox"/> k. transitions <input type="checkbox"/> f. correction/reprimand <input type="checkbox"/> l. with peers <input type="checkbox"/> Other _____ <input type="checkbox"/> m. isolated/ no attn describe _____	<p>If a,b,c,d or e - describe task/demand in detail _____</p> <p>If f - describe <u>purpose</u> of correction, voice tone, volume etc. _____</p> <p>If g, h, I, j or k - describe setting/activity/content in detail _____</p> <p>If l – what peers? _____</p> <p>If m – describe - _____</p>

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. The ask follow-up questions to detail consequences ranked #1 & 2.

Consequences/Function	As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. get adult attention <input type="checkbox"/> b. get peer attention <input type="checkbox"/> c. get preferred activity <input type="checkbox"/> d. get object/things/money <input type="checkbox"/> e. get other, describe _____ <input type="checkbox"/> f. avoid hard tasks/failure <input type="checkbox"/> g. avoid undesired task/activity <input type="checkbox"/> h. avoid physical effort <input type="checkbox"/> i. avoid peer negatives <input type="checkbox"/> j. avoid adult attention <input type="checkbox"/> k. avoid reprimands <input type="checkbox"/> l. avoid/escape other, describe _____	<p>If a or b -- Whose attention is obtained? _____ How is the attention provided? _____</p> <p>If c or d -- What specific items or activities are obtained? _____</p> <p>If f, g or h – Describe specific task/ activity avoided? _____ Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area (be precise)? _____ _____ Can the student perform the task independently? Y N Is academic assessment needed to ID specific skill deficits? Y N</p> <p>If i, j or k -- Who is avoided? _____ Why avoiding this person? _____</p>

SETTING EVENT(s): Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.

hunger conflict at home conflict at school missed medication illness failure in previous class
 lack of sleep change in routine homework not done not sure Other _____

SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

ANTECEDENT(s) / Triggers	Problem Behavior(s)	CONSEQUENCE(s)/ Function
SETTING EVENTS		
How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?		
Not real sure		100% Sure/No Doubt
1	2	3
	4	5
		6

Functional Assessment ABC Observation Form

Student:	Observer:	Date:	
Routine/Setting Information:			
WHAT TO LOOK FOR (transfer from Summary of Behavior on FACTS - teacher interview)			
	Antecedent	Behavior	Consequence
Time	Antecedent	Behavior	Consequence

Functional Assessment Checklist for Students (FACTS-Part A)

Student: _____ Grade _____ Date: _____
 Interviewer: _____

Strengths: Identify some things that you like to do, that you are interested in, or that you are good at
In Class/at School - _____
Out of schools - _____
Other - _____

ROUTINES ANALYSIS: Where, When and With Whom Problem Behaviors are Most Likely.

Time	Activity & Staff Involved	Likelihood of Problem Behavior	Specific Problem Behavior	What happens when you do this behavior?
		Low 1 2 3 4 5 6 High		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		
Routine # 3		

BEHAVIOR(s): What are some things you do in <identify routine above> that get you in trouble? Rank:

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fight/physical Aggression	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Theft
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Work not done	<input type="checkbox"/> Other _____

Describe what the problem behavior(s) look like: _____

What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?	
What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?	
Does the Behavior Escalate?	Y N If Yes, complete the Behavior Escalation worksheet

Functional Assessment Checklist for Students (FACTS-Part B)

Identify the Target Routine: Select ONE of the prioritized routines from FACTS-Part A for assessment.

Routine/Activities/Context	Problem Behavior(s) – make description observable

ANTECEDENT(s): Rank Order the strongest triggers/predictors of problem behavior in the routine above.

Then ask corresponding follow-up question(s) to get a *detailed* understanding of triggers ranked #1 & 2.

Environmental Features (<i>Rank order strongest 3t</i>)	Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. when I'm not sure what to do or there is nothing to do <input type="checkbox"/> b. my classmates are bugging me <input type="checkbox"/> c. I sit by a certain classmate <input type="checkbox"/> d. when I work alone <input type="checkbox"/> e. teacher tells me what to do or not do <input type="checkbox"/> f. teacher gives me work that's too hard <input type="checkbox"/> g. work is too boring or too long <input type="checkbox"/> h. when work is too easy <input type="checkbox"/> i. when I need to talk to teacher or need help <input type="checkbox"/> j. Other, describe _____	<p>If b or c -- what classmates? _____</p> <p>If d – what work do you do alone that leads to problem? _____</p> <p>If e –what don't you like about how the teacher tells you _____</p> <p>If f, g, h -- describe what is too hard/easy/long/boring? What assignments or activities? _____</p> <p>If i –why do you need to talk to the teacher? _____</p>

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. The ask follow-up questions to detail consequences ranked #1 & 2.

Consequences/Function	As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. get adult attention/ to talk to me <input type="checkbox"/> b. get peer attention/get peers to look /talk/laugh at me <input type="checkbox"/> c. get preferred activity/ something I like to do <input type="checkbox"/> d. get money/things <input type="checkbox"/> e. get other, describe _____ <input type="checkbox"/> f. avoid work that's too hard <input type="checkbox"/> g. avoid activities I don't like <input type="checkbox"/> h. avoid boring or easy work <input type="checkbox"/> i. avoid peers I don't like <input type="checkbox"/> j. avoid adults I don't want to talk to <input type="checkbox"/> k. avoid adults telling me what to do <input type="checkbox"/> l. avoid other, describe _____	<p>If a or b -- Whose attention is obtained? _____</p> <p>How is the attention provided? _____</p> <hr/> <p>If c or d -- What specific items or activities are obtained? _____</p> <hr/> <p>If f, g or h – Describe specific task/ activity avoided? _____</p> <p>Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area (be precise)? _____</p> <p>_____ Can the student perform the task independently? Y N</p> <p>Is academic assessment needed to ID specific skill deficits? Y N</p> <hr/> <p>If i, j or k -- Who is avoided? _____</p> <p>Why avoiding this person? _____</p>

SETTING EVENT(s): Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.

hunger conflict at home conflict at school missed medication illness failure in previous class
 lack of sleep change in routine homework not done not sure Other _____

SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

ANTECEDENT(s) / Triggers	Problem Behavior(s)	CONSEQUENCE(s)/ Function
SETTING EVENTS		

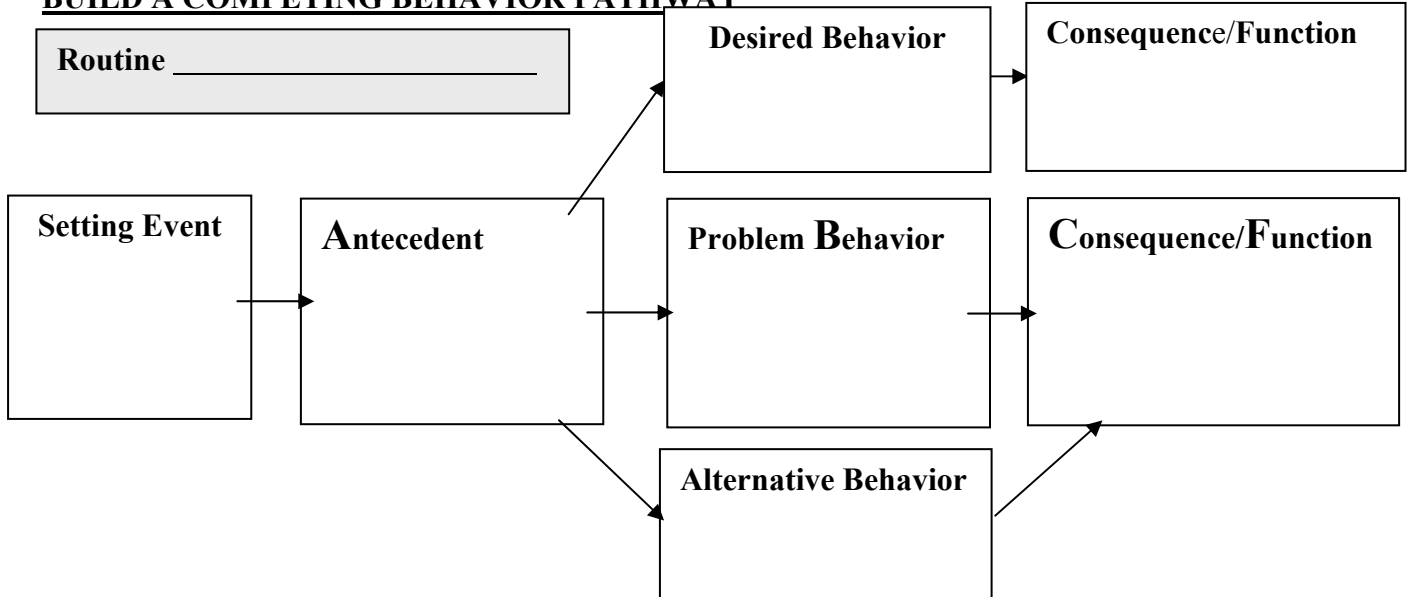
Behavior Support Plan

Developed from a Functional Behavioral Assessment

Student _____ Grade _____ Date _____

School _____ Case Manager _____

BUILD A COMPETING BEHAVIOR PATHWAY



IDENTIFY INTERVENTION STRATEGIES

Setting Event Strategies	<u>Manipulate Antecedent to prevent problem & prompt alternate/desired behavior</u>	<u>Teach Behavior</u> Explicitly Teach Alternate & Desired Behaviors	<u>Alter Consequences to reinforce alternate & desired behavior & extinguish negative behavior</u>
	<u>Prevent problem behavior</u>	<u>Teach Alternate Behavior</u>	<u>Reinforce Behavior</u>
	<u>Prompt Alternate/Desired Behavior</u>	<u>Teach Desired Behavior/ Academic/ Social Skills</u>	<u>Response to Problem Behavior/ Corrective Feedback</u>

Adapted by C. Borgmeier (2002) from multiple sources: M. Bergstrom and D. Crone (2000); March, Horner, Lewis-Palmer, Brown, Crone & Todd (1999); O’Neill, Horner, Albin, Sprague, Story, & Newton (1997); Palmer & Sugai (2000); and Sprick, Sprick, & Garrison (1993); Martin, Hagan-Burke, & Sugai (2000)

Attach a copy of Behavior Support Plan to IEP

EVALUATE PLAN

Behavioral Goal (Use specific, observable, measurable descriptions of goal)

<p>What is the short-term behavioral goal?</p> 	<p>_____ Expected date</p>
<p>What is the long-term behavioral goal?</p> 	<p>_____ Expected date</p>

Evaluation Procedures

Data to be Collected	Procedures for Data Collection	Person Responsible	Timeline
Is Plan Being Implemented?			
Is Plan Making a Difference?			

Plan date for review meeting (suggested in 2 weeks) _____

Parent/Guardian

Student

Special Education teacher

General Education Teacher

Case Manager

Team member

Team member

Team member

Adapted by C. Borgmeier (2002) from multiple sources: M. Bergstrom and D. Crone (2000); March, Horner, Lewis-Palmer, Brown, Crone & Todd (1999); O'Neill, Horner, Albin, Sprague, Story, & Newton (1997); Palmer & Sugai (2000); and Sprick, Sprick, & Garrison (1993); Martin, Hagan-Burke, & Sugai (2000)

Attach a copy of Behavior Support Plan to IEP

Behavior Support Plan Review

Student _____ Grade _____
 School _____ Date _____
 Case Manager _____

1. Review each task on the BSP Implementation plan to identify whether all tasks are being implemented successfully – answer below under Is Plan Being Implemented?

REVIEW DATA

Data Collected scatterplot, point card, etc.	Summary of the data # of occurrences/ patterns/ points earned out of possible points)	Evaluation Decision Goal Attained/ Reinforcement Earned
Is Plan Being Implemented?		
Is Plan Making a Difference?		

MODIFICATIONS TO THE BSP IMPLEMENTATION PLAN

Tasks	Person Responsible	By When	Was task Completed consistently?	<u>Evaluation Decision</u> Monitor, Modify, or Discontinue

Date & Time of the Next BSP Review meeting _____

Parent/Guardian

Case Manager

Special Education teacher

General Education Teacher

Attach a copy of Behavior Support Plan Review to IEP